

Town of Arlington
Families First Coronavirus Response Act Leave Request Form

To request leave on the basis of the Families First Coronavirus Response Act (FFCRA), please complete the following request form and submit to Human Resources as soon as is practical.

Employee Name (print clearly): _____

Requested Leave Start Date: _____ Estimated End Date: _____

The reason for this FFCRA leave request is (select the most appropriate box):

- ☐ 1. Employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19. Employee will receive up to two weeks of paid COVID-19 leave.
- ☐ 2. Employee has been advised by a health care provider to self-quarantine related to COVID-19. Employee will receive up to two weeks of paid COVID-19 leave.
- ☐ 3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis. Employee will receive up to two weeks of paid COVID-19 leave.
- ☐ 4. Employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2). Employee will receive up to two weeks of partially paid COVID-19 leave.
- ☐ 5. Employee is caring for his or her child under the age of 18 whose school or place of care is closed due to COVID-19 related reasons. Employee will receive up to two weeks of partially paid COVID-19 leave. *

*If checking box 5, employee is also eligible for up to an additional 10 weeks of partially paid leave.

Please check this box to apply for Expanded Family and Medical Leave ☐

- ☐ 6. Employee is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. Employee will receive up to two weeks of partially paid COVID-19 leave.

All requests for leave under the Families First Coronavirus Response Act must have supporting documentation attached.

Employee Signature: _____ Date: _____

For HR use ONLY: Date received: _____ FFCRA Leave Approval Letter Sent: _____

Town of Arlington

Families First Coronavirus Response Act Leave Request Procedure

To Request Paid Leave Under the Families First Coronavirus Response Act:

1. Complete the Town of Arlington Families First Coronavirus Response Act Leave Request Form
 - a. Employee must include supporting documentation such as:
 - i. A doctor's note stating that the employee is caring for someone or experiencing one of the following symptoms with relation to COVID-19:
 1. Temperature over 100.4⁰ F
 2. Cough
 3. Shortness of breath
 4. Sore throat
 5. Contact with someone who has tested positive or is under review for COVID-19
 - ii. Proof that their child's school/place of care is closed
2. After review, Human Resources will contact the employee and the Department/Division Head of the decision.

Please Note

- Provisions under the Families First Coronavirus Response Act apply from April 1, 2020 through December 31, 2020.
- The Families First Coronavirus Response Act provides employees an additional reason for which they may take leave pursuant to the FMLA – to care for their child whose school or place of care is closed due to COVID-19 related reasons during this timeframe. A child is defined as a dependent that is under the age of 18. Please note that eligible employees are entitled to a total of 12 weeks of leave pursuant to the FMLA per 12-month period. The Town uses a rolling year method to determine the 12-month period.
- If an employee exhausts the 80 hours of paid sick leave pursuant to the Families First Coronavirus Response Act they may use their own sick, vacation or personal time consistent with the applicable collective bargaining agreement and Town policy.
- Special provisions and exclusions apply to essential personnel such as Fire, Police, Facilities and DPW.